

REBECCA L. COLLINS, NICOLE K. EBERHART, ELIZABETH ROTH

# Evaluation of Los Angeles County's 2021 WhyWeRise Mental Health Campaign

**W**hyWeRise is a social marketing campaign conducted by the Los Angeles County Department of Mental Health (LACDMH) that is focused on the prevention of and early intervention for mental health challenges among county residents. It is intended to promote community engagement with mental health issues along a continuum from self-care to professional treatment services, reduce barriers to care, and increase awareness of how to seek mental health care. The campaign has retained this overarching goal, but it has shifted emphasis since its inception in 2018 to respond to changing community needs and has refreshed its

content to maintain and expand community interest. The primary aims of the 2021 campaign were to raise awareness of the resources available to support mental health through LACDMH and to communicate messages of resilience, support, and hope.

A central part of the WhyWeRise campaign is WeRise events that take place in Los Angeles during Mental Health Month. In the past, WeRise was an immersive experience in which visitors could attend a large art gallery, a rally, performances, panels, and workshops. The May 2021 WeRise events used a hybrid model because of coronavirus disease 2019 (COVID-19). Online events were a strong focus, together with pop-up

## KEY FINDINGS

- Thirty-seven percent of survey respondents were exposed to an aspect of WhyWeRise.
- WhyWeRise was effective in reaching all major racial/ethnic groups in the county, particularly Spanish-speaking Hispanic residents, and individuals with lower incomes and education levels.
- Individuals exposed to the campaign were more likely than unexposed individuals to report being aware of Los Angeles County information and resources.
- Use of the county's website was four times as likely among those exposed to the campaign than among those unexposed.
- Those exposed to WhyWeRise were more likely to agree that they plan to help break down barriers keeping people with mental health challenges from getting treatment.
- They were also more likely to report that they plan to take action to prevent discrimination against those experiencing mental illness and that they can recognize the signs that someone may be experiencing a mental health problem.

COVID-19–safe in-person events in communities throughout the county; Art Rise outdoor art installations in five Los Angeles neighborhoods; Love Letters in Light, which projected poetry from residents on the outside of ten public libraries; and Rising with Chalk events during which artists and youth created sidewalk art at 55 Los Angeles parks.

To gain insight into the 2021 WhyWeRise campaign’s reach and impact, LACDMH and the California Mental Health Services Authority (CalMHSA) commissioned the RAND Corporation to conduct an evaluation. We previously evaluated the 2018, 2019, and fall 2020 WhyWeRise campaigns; Los Angeles County’s COVID-19–related mental health campaign; and the digital portion of the 2021 WeRise events (Collins et al., 2018; Collins et al., 2019; Collins et al., 2020; Collins et al., 2021; Collins et al., 2022). This report builds on this prior work and provides an evaluation of the reach of all the 2021 WhyWeRise campaign elements: websites, outdoor ads, television and radio ads, social media posts, and WeRise community and digital events. We conducted an online survey of a representative sample of Los Angeles County adults ages 18 and older. The survey allowed us to compare those who were exposed to the WhyWeRise campaign with those who were not to assess the possible effects of exposure.

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The WhyWeRise campaign reached a substantial percentage of Los Angeles County residents: Two in five adults surveyed reported exposure to the campaign.

**Our results** indicated that the WhyWeRise campaign reached a substantial percentage of Los Angeles County residents: Two in five adults surveyed reported exposure to the campaign. The campaign was effective in reaching all major racial/ethnic groups in the county, particularly Spanish-preferring Hispanic residents and those with lower incomes and education levels. County residents were primarily exposed to the campaign via broadcast media (television and radio ads). The majority of individuals reached by the campaign found it beneficial, in that it made them feel their mental health was important and provided new information on how to get mental health help. Los Angeles County residents who were exposed to the campaign were more than twice as likely as unexposed residents to be aware of the information and resources offered by LACDMH, in particular the LACDMH website and Help Line, and they were more likely to use each of them.

**In summary**, there is evidence that the 2021 WhyWeRise campaign successfully reached a racially, culturally, and economically diverse group of Los Angeles County residents and boosted awareness and use of key county mental health resources.

## Background

Mental health problems are common and debilitating, but many people do not receive the mental health treatment that they need (see, e.g., Eberhart et al., 2018; Walker et al., 2015). Recognizing this, in 2018, LACDMH undertook a campaign that sought to increase community engagement (i.e., interest and activism) around removing barriers to mental health care access; promote awareness of county mental health resources and services; and communicate messages of resilience, community, hope, and support. Around the globe (Gaebel, Rössler, and Sartorius, 2017), in California (Collins et al., 2015), and in Los Angeles County (Collins et al., 2018), social marketing campaigns have been effective in shifting attitudes related to mental health, increasing social acceptance of those experiencing mental health challenges, and increasing awareness and use of mental health services and resources (Collins et al.,

2018; Collins et al., 2019; Collins et al., 2021; Collins et al., 2022).

LACDMH's WhyWeRise mental health community engagement campaign used funds from Proposition 63, which was signed into law as the Mental Health Services Act (MHSA). The MHSA levied a 1-percent tax on all California personal incomes over \$1 million, resulting in a substantial investment in mental health prevention and treatment in the state. The MHSA made resources available to counties to support treatment for individuals with mental illness; it also provided prevention and early intervention services for mental health. A portion of MHSA funds is specifically allocated for prevention and early intervention activities and cannot be used for other purposes (e.g., treatment, housing).

Since 2018, LACDMH has dedicated some MHSA funds to the development and implementation of WhyWeRise. The initial goal was to create a movement among youth to address barriers to mental health access (including stigma and structural issues faced by underserved populations). In 2019, there was an increased focus on confronting challenges to well-being, with messaging noting the importance of life purpose and meaning, hope, and obtaining and providing social support. When the COVID-19 pandemic hit Los Angeles, LACDMH diverted some of the WhyWeRise funding toward addressing the mental health consequences of the pandemic. The COVID-19 campaign enhanced the emphasis on themes of community, hope, support, and awareness of Los Angeles County mental health resources and services. This COVID-19-specific campaign ended in July 2020, but the WhyWeRise campaign continues its focus on promoting well-being; creating a sense of support, recovery, and hope; and raising awareness of the resources available to support mental health in Los Angeles County. This includes the key aim of driving people to the LACDMH Help Line and LACDMH website. These resources are designed to provide mental health support, connect residents with a wide variety of mental health resources, and provide referrals that address needs across the continuum from serious mental illness to well-being. Additional efforts in fall 2020 and

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summer and fall 2021 involved a partnership with the Los Angeles Dodgers baseball team and focused on awareness of resources and stigma reduction among Hispanic residents of Los Angeles County. The Dodgers effort will be evaluated in a separate report (Collins et al., forthcoming).

The 2021 WhyWeRise campaign targeted residents across Los Angeles and had an emphasis on reaching Hispanic, Black, and Asian residents. The campaign ran in English-, Spanish-, and Asian-language media outlets. Materials were distributed in English, Spanish, Mandarin, Cantonese, Korean, and Persian. Outreach efforts were conducted via radio and television advertising; social media; websites for WeRise and WhyWeRise; outdoor media (e.g., billboards, posters, rail, buses, and bus shelters); and, during Mental Health Month in May 2021, a series of community and online events focused on the arts called WeRise.

This report describes the methods and findings of our evaluation of this campaign. As mentioned earlier, our methods involved conducting an online survey of a representative sample of Los Angeles County adults ages 18 and older. Evaluation activities were reviewed and approved by RAND's Human Subjects Protection Committee, RAND's institutional review board. At the end of the report, we provide a discussion of our findings and some general conclusions.

## Survey of Los Angeles County Residents

We designed and analyzed a survey of residents of Los Angeles County to understand (1) the reach of the 2021 WhyWeRise campaign and its components and (2) the campaign’s impact—how residents perceived campaign messages and how those who were reached by the campaign differ from others in terms of attitudes, beliefs, and behaviors related to mental illness.

### Methods

#### Data Collection

We conducted a survey of adults ages 18 and older. The surveys were fielded by Ipsos (a corporation that conducts survey research and polling, as well as other activities) from October 29, 2021, to November 29, 2021. Surveys were conducted using the web platform KnowledgePanel, which was used to recruit a probability-based sample. Although the survey was administered online, KnowledgePanel uses address-based sampling to ensure a comprehensive sample that represents all households regardless of their access to phone or internet services. To further ensure representativeness, panel members were provided with a web-enabled device (e.g., a tablet computer) and free internet service as needed. Sample weighting was used to compensate for differential response rates among different demographic groups. For this study, the sample was weighted to be demographically representative of the Los Angeles County

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population ages 18 and older. The survey was offered in both Spanish and English, was completed online, and was approximately 12 minutes long.

#### Measures

The survey measured demographics and other background characteristics, campaign exposure, and key targeted outcomes of the campaign. Some demographics were previously measured as part of KnowledgePanel participation.

#### Campaign Exposure

We used several items to measure exposure to the campaign, focusing on different forms of campaign activities and resources. We assessed general exposure to WhyWeRise or WeRise without regard to the source by asking, “Have you heard of WeRise or WhyWeRise, Los Angeles’ well-being movement?” Respondents also self-reported attendance at one or more WeRise events in May 2021. Specific WeRise events or series of events were named (e.g., Art Rise), including digital (i.e., online only) events. To allow for the possibility that attendees did not know the names of events they attended but knew that the events were part of WeRise, we included an option that said, “I attended a WeRise event but I’m not sure what it was called.” One item assessed whether respondents had visited the WeRise ([werise.la](http://werise.la)) or WhyWeRise ([whywerise.la](http://whywerise.la)) website. Another item asked, “Have you seen any social media posts about WeRise or WhyWeRise?” The survey assessed recalled exposure to materials promoting the WeRise events by showing respondents all of the images that were used. Respondents were asked, “Since April 2021, have you seen any of these images?” Finally, respondents were asked whether they had “heard a radio ad or seen an ad on television from Los Angeles County Department of Mental Health” during the same time frame. We have validated reports of radio and television ad exposure in our prior reports, showing that people who reported exposure to the messages accurately discriminate between content that was and was not included in those messages (Collins et al., 2022). Response options for all items were “yes” and “no.”

Respondents who indicated that they had heard of WeRise or WhyWeRise; attended a WeRise event; seen or heard at least one WeRise image or ad on social media, television, or radio; or visited the WeRise or the WhyWeRise website were categorized as having been exposed to the campaign. Because some items in this measure require individuals to recall exposure, the measure assesses, in part, whether individuals exposed to the campaign pay attention to the ads and remember them. These individuals may be a select group who are particularly interested in mental health issues or who are in need of the resources and support that the ads describe. This should be kept in mind when interpreting results.

### Perceptions of Campaign Materials and Events

In addition to driving county residents to resources, a key goal of the campaign was to increase awareness of mental health resources, perceptions of support, and hope. The campaign was also intended to normalize having mental health concerns. Respondents who reported attendance at WeRise; visits to one or both websites; or exposure to a campaign radio or television ad, social media post, or WeRise image were asked to rate (on a scale from 1, “strongly agree,” to 5, “strongly disagree”) the extent to which each of these

- gave them new information about how to get help with emotions or mental health
- made them feel more connected to community
- made them feel supported
- made them feel hopeful
- made them feel that it is normal to feel anxious or stressed
- made them feel that their mental health is important.

### Knowledge, Attitudes, Beliefs, and Behaviors Targeted by the Campaign

Although perceptions are important indicators, people are often poor judges of what affects them and how (Collins et al., 1988; Nisbett and Wilson, 1977). An alternative methodological approach is to compare targeted outcomes between those who were exposed to the campaign and those who were not.

To do so, we created campaign-specific items that were asked of all respondents, regardless of exposure. Participants were asked, for example, how strongly they agreed or disagreed that they are “aware of the information and resources offered by the Los Angeles County Department of Mental Health” (see the box below). The items assess endorsement of key

### Items Assessing Knowledge, Attitudes, and Beliefs Targeted by the WhyWeRise Campaign

- I know how to find information or resources to help if I or someone I know experiences a mental health problem.
- I am aware of the information and resources offered by the Los Angeles County Department of Mental Health.
- The Los Angeles County Department of Mental Health is here for me if I need help.
- The Los Angeles County Department of Mental Health has resources for families.
- I know how I could be supportive of people with a mental illness if I wanted to be.
- Seeking help for mental health problems is a sign of strength.
- Everyone needs support to get through these challenging times.
- Talking about our feelings is important for mental health.
- It’s important to let people know if you need help.
- I can get through things with the support of others.
- Mental health is important.
- Art and creative expression can help people heal.
- Connecting with others in our community can improve well-being.
- I feel able to heal from the stress of the pandemic and racial injustice.
- Since the coronavirus outbreak and shut-downs, it is more important than usual to take care of your mental health and well-being.
- Since the coronavirus outbreak and shut-downs, it is more important than usual to stay connected to family and friends.
- Keeping a routine and normal activities is important to mental health and well-being.

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A central goal of the 2021 campaign was to create awareness of two key LACDMH resources and drive residents to them: the LACDMH website and the Help Line.

mental health–related knowledge, attitudes, and beliefs targeted by the WhyWeRise campaign and/or referenced in its ads, as well as central themes of the WeRise event (i.e., use of creative expression to heal) and the associated Los Angeles Dodgers campaign (i.e., seeking help for mental health problems is a sign of strength). For each item, we measured the extent of agreement on a five-point scale (*strongly agree* to *strongly disagree*). Responses were recoded to reflect any agreement (*agree* or *strongly agree*) versus none.

#### **Stigma and Mobilization Against Barriers to Mental Health**

As noted previously, the original WhyWeRise campaign was designed to engage county residents with the issue of mental health by mobilizing them around issues of injustice, stigma, and barriers to care. We employed a set of previously validated items assessing stigma-related mental health challenges and their treatment. Although not the main targets of the campaign, the constructs measured are implicit in many of the WhyWeRise messages. Because these items have been used in prior surveys (Evans-Lacko, Henderson, and Thornicroft, 2013; Jorm, Christensen, and Griffiths, 2006; See Change, 2012; Wyllie and Lauder, 2012), including in the evaluation of the Each Mind Matters campaign in California (Collins et al., 2015), they allow comparison of WhyWeRise with other mental health–related campaigns. These previously validated items were composed of three items measuring social distance (a key indicator of mental illness stigma) on a four-point scale (from “definitely willing” to “definitely unwilling” to have contact with “someone who has a serious mental illness”), three items measuring intent to conceal a hypothetical mental health problem out of concern

over others’ reactions on a four-point scale (from “definitely would” to “definitely would not”), and six items assessing negative beliefs about mental health challenges and those confronting them, measured on a five-point scale (from “strongly agree” to “strongly disagree”). A set of eight items assessed mobilization and related beliefs (e.g., “Everyone deserves to be well,” “I plan to take action to prevent discrimination against people with mental illness”), measured on the same five-point scale. Responses to all items were recoded to reflect any willingness, concealment, or agreement versus none.

#### **Awareness, Use, and Perceptions of the LACDMH Website and Help Line**

A central goal of the 2021 campaign was to create awareness of two key LACDMH resources and drive residents to them: the LACDMH website (DMH.LACounty.gov) and the Help Line (800-854-7771 for voice or 741741 for text). Awareness was measured with two separate items: “Did you know that Los Angeles County Department of Mental Health has a Help Line (800-854-7771 or 741741)?” and “Did you know that Los Angeles County Department of Mental Health has a website (DMH.LACounty.gov)?” Response options were “yes” or “no.”

Among the respondents who confirmed awareness of one or both of the resources, use of each resource was measured by asking whether respondents had visited the website DMH.LACounty.gov and/or whether they had called or texted the helpline. Users of either resource were asked to rate how helpful it was on a five-point scale from “very helpful” to “very unhelpful.”

## Well-Being

We examined the campaign's potential impact on aspects of well-being with three measures. Loneliness was measured with three items drawn from the University of California, Los Angeles, Loneliness Scale, rated on a three-point scale from "hardly ever" to "often" (Hughes et al., 2004). Those whose summed score was 6 or higher were classified as lonely. Hope was measured with a single item, "I feel hopeful about the future," rated on a five-point scale from "strongly agree" to "strongly disagree." Social support was measured with the item, "How often do you get the social and emotional support you need?" This measure was rated on a five-point scale from "always" to "never."

## Background Characteristics: Demographics and Experience with Mental Health Challenges

Respondents provided their gender, age, household income, highest level of education achieved, and race/ethnicity as part of previous KnowledgePanel participation. Respondents also told us whether they had ever experienced a mental health problem, whether they had experienced one that they thought might require treatment in the past 12 months, and whether they had sought treatment for a mental health problem in the past 12 months. Psychological distress was measured using the Kessler-6 (Kessler et al., 2003), which consists of six items asking respondents to rate how often in the past 30 days they felt, for example, nervous, hopeless, restless, or fidgety (from 1 ["all of the time"] to 5 ["none of the time"]). Those whose summed score was 13 or higher were classified as currently experiencing serious psychological distress.

## Analyses

We conducted analyses to describe the characteristics of study participants, campaign reach (prevalence of exposure to the WhyWeRise campaign), and perceptions of the campaign. The main results compared mental health-related attitudes, beliefs, behaviors, and well-being between those who reported exposure to the campaign and those who did not. Sample weights were applied to account for any differential nonresponse that might have occurred. Demographic distributions for Los Angeles County target popula-

tions were obtained from the 2015–2019 American Community Survey. Data were weighted to represent the Los Angeles County adult population on the following variables:

1. age (18–25, 26–44, 45–64, 65+) by gender (male, female)
2. race/ethnicity (non-Hispanic White, non-Hispanic African American, non-Hispanic Asian, non-Hispanic all others, Hispanic)
3. education (less than high school, high school, some college, bachelor's degree or more)
4. household income (less than \$25,000, \$25,000–\$49,999, \$50,000–\$74,999, \$75,000–\$99,999, \$100,000–\$149,999, \$150,000 or more)
5. American Community Survey language (English-proficient, bilingual or Spanish-proficient, non-Hispanic).

We report weighted percentages and odds ratios. All reported differences are statistically significant at  $p < 0.05$ . Specific  $p$ -values are provided in tables and figures. The data analysis for this report was generated using SAS/STAT software (SAS/STAT software, 2016).

## Results

### Characteristics of the Sample

Sample characteristics (unweighted frequencies, unweighted and weighted percentages) are shown in Table 1. The survey was completed by 68 percent of those invited. The resulting sample consisted of 1,002 Los Angeles County residents ages 18 and older. It included somewhat fewer males, adults ages 18–44, individuals of Asian descent, people with lower education levels, and people with higher incomes than the population residing in Los Angeles County. As the table indicates, our weights corrected for these differences. Consistent with prior California statewide findings (Collins et al., 2015), after weighting, 25 percent of the sample reported ever having had a mental health problem. In the 12 months prior to the survey, 24 percent reported having felt that they might need treatment for a mental health concern (this number was 21 percent in our evaluation of the fall 2020 WhyWeRise campaign [Collins et al.,

TABLE 1  
 Characteristics of the Sample of 1,002 Los Angeles County Residents

Characteristic	Unweighted Frequency	Unweighted Percentage	Weighted Percentage
Female	602	60	53
Age			
18–25	21	2	5
26–44	305	30	42
45–64	391	39	35
65+	285	28	18
Education			
Less than high school	90	9	20
High school	144	14	19
Some college	287	29	30
Bachelor's degree or more	481	48	31
Household income			
Less than \$25,000	230	23	16
\$25,000–\$49,999	218	22	18
\$50,000–\$74,999	177	16	17
\$75,000–\$99,999	124	12	14
\$100,000–\$149,999	127	13	18
\$150,000 or more	129	13	18
Race/ethnicity/language			
Black, non-Hispanic	76	8	9
White, non-Hispanic	370	37	29
Asian, non-Hispanic	80	8	14
Other or two or more, non-Hispanic	14	1	3
Hispanic, English survey language	241	24	21
Hispanic, Spanish survey language	221	22	25
Personal experience with mental illness			
Ever had a mental health problem	272	27	25
Need for mental health treatment in the past 12 months	222	22	24
Serious psychological distress in the past 12 months	93	9	11

2022)), and 11 percent had symptoms of distress consistent with a serious mental illness.

### Campaign Exposure

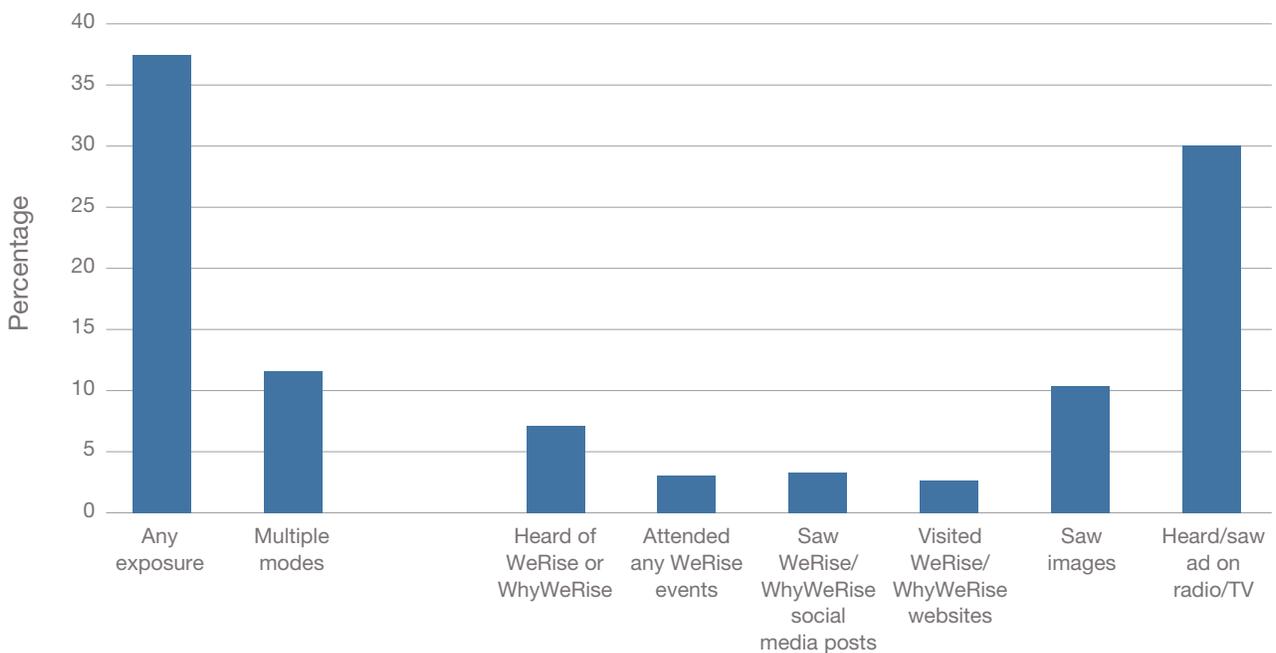
**Thirty-seven percent of Los Angeles County adults surveyed were exposed to an aspect of WhyWeRise** (see Figure 1). Thirty percent had heard or seen a WhyWeRise radio or television ad, which was by far the most common type of campaign exposure. Ten percent recognized an image used to promote or as part of WeRise events. Image recognition is important because some individuals who were exposed may not have known or recalled that an event was branded as “WeRise.” Current findings regarding reach are nonetheless consistent with what might be expected from an effective campaign. By way of comparison, California’s statewide Each Mind Matters campaign, which focused on reducing the stigma of mental illness, reached 17 percent of adults in its first year and 38 percent in its second year (Collins et al., 2015) and appears to have effectively reduced stigma and increased the use of mental health ser-

WhyWeRise radio and television ads were by far the most common types of campaign exposure.

vices in the state. The percentage with any exposure to WhyWeRise in 2021 is also in line with or exceeds major mental health campaigns conducted internationally (Evans-Lacko, Henderson, and Thornicroft, 2013; Wyllie and Lauder, 2012).

As Figure 1 also indicates, about 7 percent of county adults surveyed had heard of WeRise or WhyWeRise, 3 percent said they attended a WeRise event, 3 percent said they saw a social media post related to the campaign, and 3 percent said they had

FIGURE 1  
A Component of WhyWeRise Reached 37 Percent of Los Angeles County Adults; 12 Percent Were Reached Through Multiple Forms of Outreach



NOTE: Types of exposure were self-reported.

visited the WeRise or WhyWeRise website. Twelve percent of county adults were reached by more than one form of outreach in the past year. This is important because marketing efforts tend to be more effective when the message is received through more than one medium or approach (Hornik, 2002).

### Predictors of Campaign Exposure

To understand who was most likely to be exposed to the campaign, we tested associations between campaign exposure and each of the demographic characteristics and prior experiences with mental health challenges that we measured. **We found that the campaign was particularly effective in reaching Spanish language–preferring Hispanic adults (those who opted to complete the survey in Spanish).** This group made up 35 percent of those reached by the campaign, although they constituted only 25 percent (weighted) of those surveyed. **Although considerable outreach was directed at individuals of Asian descent, they were less likely to report exposure** than those from other backgrounds (they were 7 percent of those exposed but 14 percent of those surveyed). Our findings regarding Asian residents may be somewhat biased because we conducted surveys in only Spanish and English, missing those who might have completed the survey in an Asian language, had it been available. Much of the WhyWeRise outreach targeted to Asian residents was in a language other than English; 11 percent of county residents speak an Asian language as their first language (Asian Pacific American Legal Center of Southern California, 2009). Differences in campaign exposure by language and for Asian residents were identified in our evaluation of the fall 2020 WhyWeRise campaign (Collins et al., 2022).

We also find differences in exposure by age group. The 2021 WhyWeRise campaign was particularly likely to reach those ages 18 to 25; this age group represented 9 percent of adults exposed but only 5 percent of those surveyed. This difference was not observed in fall 2020. **The campaign was also more likely to reach county residents with a high school degree or less than it was to reach more-educated residents. (Individuals with a high school degree or less made up 48 percent of those exposed but only 39 percent of those surveyed.) This difference was stronger than what we observed in fall 2020. WhyWeRise was also somewhat more likely to reach residents with lower incomes than it was to reach those with higher incomes.** Those exposed included 42 percent with incomes less than \$50,000, while those in this income group made up 34 percent of those surveyed.

The campaign was equally likely to reach males and females. There were also no differences in exposure depending on whether someone had ever had a mental health problem, had perceived a need for mental health treatment in the past 12 months, or had experienced serious psychological distress in that period.

### Perceptions of Campaign Messages by Type of Exposure

A majority of county adults surveyed found most of the campaign messages and materials to be helpful. The WeRise events, social media posts, and television and radio ads were viewed the most positively (see Table 2). **Eighty percent of residents who attended WeRise said the event(s) made them feel that their mental health is important, and 71 percent said the event(s) gave them new information about how**

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The campaign was particularly effective in reaching Spanish language–preferring Hispanic adults. This group made up 35 percent of those reached by the campaign.

TABLE 2

## Perceptions of Campaign Messages Among Los Angeles County Adults Reporting Exposure to Each Form of Outreach

Form of Outreach	Percentage of Campaign-Exposed Adults Who Agreed					
	Gave Me New Information About How to Get Help with Emotions or Mental Health*	Made Me Feel More Connected to Community	Made Me Feel Supported	Made Me Feel Hopeful	Made Me Feel That It's Normal to Feel Anxious or Stressed*	Made Me Feel that My Mental Health Is Important*
WeRise event	71	37	63	62	42	80
WeRise or WhyWeRise website	33	31	47	45	35	30
Social media post	61	37	43	61	68	74
WeRise image	32	33	38	47	41	49
Television or radio ad	56	48	53	59	60	75

\* Differences in the ratings for the different forms of outreach were statistically significant.

**to get help with emotions or mental health. Patterns for television and radio ads were similar, as were those for social media.** Ratings of the websites and WeRise images were lower on these dimensions, hovering between 30 and 49 percent. Ratings of all materials were lowest on the dimension of connection to community and moderate in regard to feelings of support and hope. As noted earlier, people are often poor judges of what affects them and how (Collins et al., 1988; Nisbett and Wilson, 1977), and perhaps people who encountered the websites and images were predisposed to view them less positively than people who encountered other materials (e.g., they might feel less comfortable with discussions of mental health issues). Thus, perceptions are important indicators of how people feel about campaign messages and materials but may not indicate the actual effects of these messages on their audiences.

### Association of Campaign Exposure with Endorsement of Campaign-Targeted Outcomes

#### Targeted Attitudes, Knowledge, and Beliefs

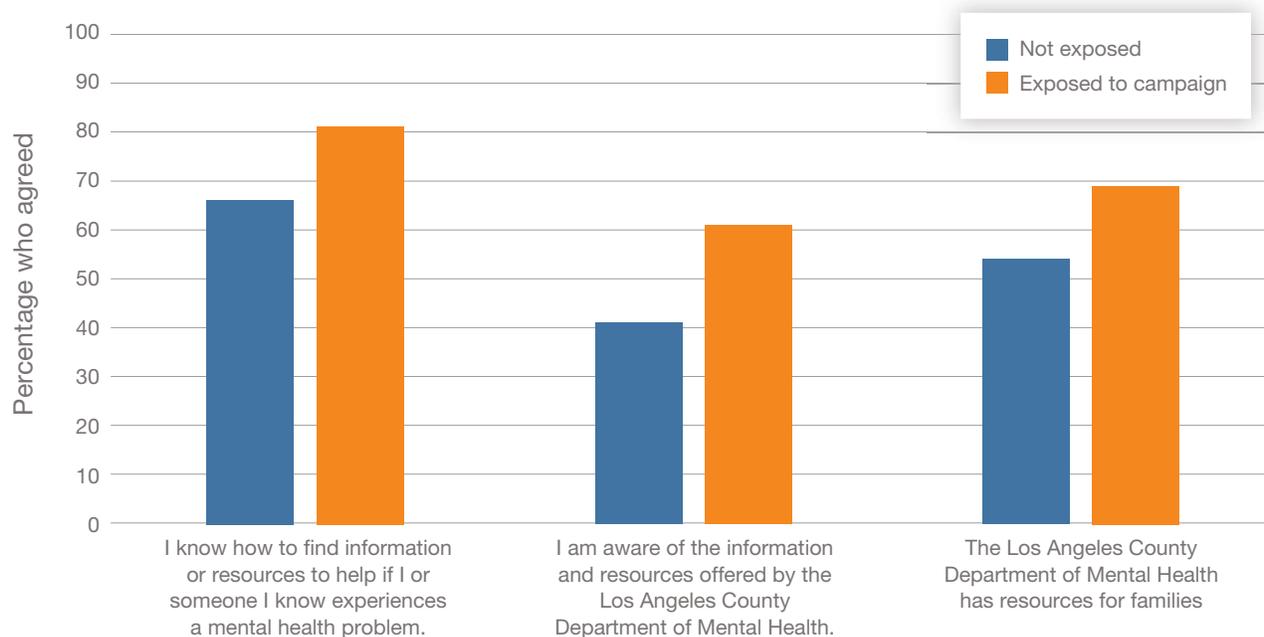
As previously noted, a central goal of the campaign was to increase awareness of LACDMH resources and perceptions that the county is available to support those in need. The campaign appears to have achieved important impacts in this area. **Those**

**who were exposed to the campaign were more likely than those who were not to agree that they were aware of information and resources offered by LACDMH, that LACDMH has resources for families, and that they know how to find information and resources if they or someone they know experiences a mental health problem** (see Figure 2, Table 3). **Similarly, those who were exposed were about 30 percent more likely than those who were not exposed to agree with the statement that LACDMH “is here for me if I need help” and to agree that they knew how they could be supportive of someone with a mental illness.**

We did not find significant differences between those who were reached and those who were not for other targeted attitudes and beliefs that were less central to the campaign, such as awareness of the importance of self-care and staying connected and of the likely mental health challenges of the COVID-19 pandemic. All but one of these campaign messages were endorsed by 80 percent or more of unexposed adults surveyed, suggesting that it may have been difficult for the county to increase agreement with them. We obtained similar results in our evaluation of the fall 2020 WhyWeRise campaign. Although these are mostly secondary campaign goals, the continued finding may indicate a need for refocusing

FIGURE 2

Los Angeles County Adults Exposed to the Campaign Were Significantly More Likely to Know that LACDMH Provides Resources and Support



NOTE: All differences between those exposed and not exposed are statistically significant.

TABLE 3

Associations Between Campaign Exposure and Campaign-Targeted Attitudes and Beliefs

Campaign-Targeted Attitude or Belief	Los Angeles County Adults (percentage agreeing)	
	Unexposed	Exposed
I know how to find information or resources to help if I or someone I know experiences a mental health problem.	66	81
I am aware of the information and resources offered by the Los Angeles County Department of Mental Health.	41	61
The Los Angeles County Department of Mental Health is here for me if I need help.	47	61
The Los Angeles County Department of Mental Health has resources for families.	54	69
I know how I could be supportive of people with a mental illness if I wanted to be.	54	66
Seeking help for mental health problems is a sign of strength.	84	87
Everyone needs support to get through these challenging times.	85	88
Talking about our feelings is important for mental health.	91	90

Table 3—Continued

Campaign-Targeted Attitude or Belief	Los Angeles County Adults (percentage agreeing)	
	Unexposed	Exposed
It's important to let people know if you need help.	92	92
I can get through things with the support of others.	81	81
Mental health is important.	94	94
Art and creative expression can help people heal.	79	82
Connecting with others in our community can improve well-being.	82	88
I feel able to heal from the stress of the pandemic and racial injustice.	64	68
Keeping a routine and normal activities is important to mental health and well-being.	91	93
Since the coronavirus outbreak and shutdowns, it is more important than usual to take care of your mental health and well-being.	90	89
Since the coronavirus outbreak and shutdowns, it is more important than usual to stay connected to family and friends.	89	89

NOTE: Bold type for numeric estimates denotes that the percentages of exposed and unexposed individuals agreeing with the statement differ from one another,  $p > 0.05$ .

these secondary messages on issues on which there is less preexisting agreement among county residents.

### Awareness and Use of the LACDMH Website and Help Line

**We observed substantial differences in awareness and use of the county's Help Line and website among those exposed versus those unexposed to WhyWeRise. Awareness of both resources was more than twice as high among those exposed to an element of the campaign, and use of the website was four times as likely among WhyWeRise-exposed versus unexposed individuals (see Figure 3). Among those who used the website, 79 percent found it somewhat or very helpful; among those who used the helpline, 65 percent found it somewhat or very helpful.** Our methods do not allow us to determine cause and effect, but these results suggest that the campaign may have been effective in increasing awareness of these resources (which provide a con-

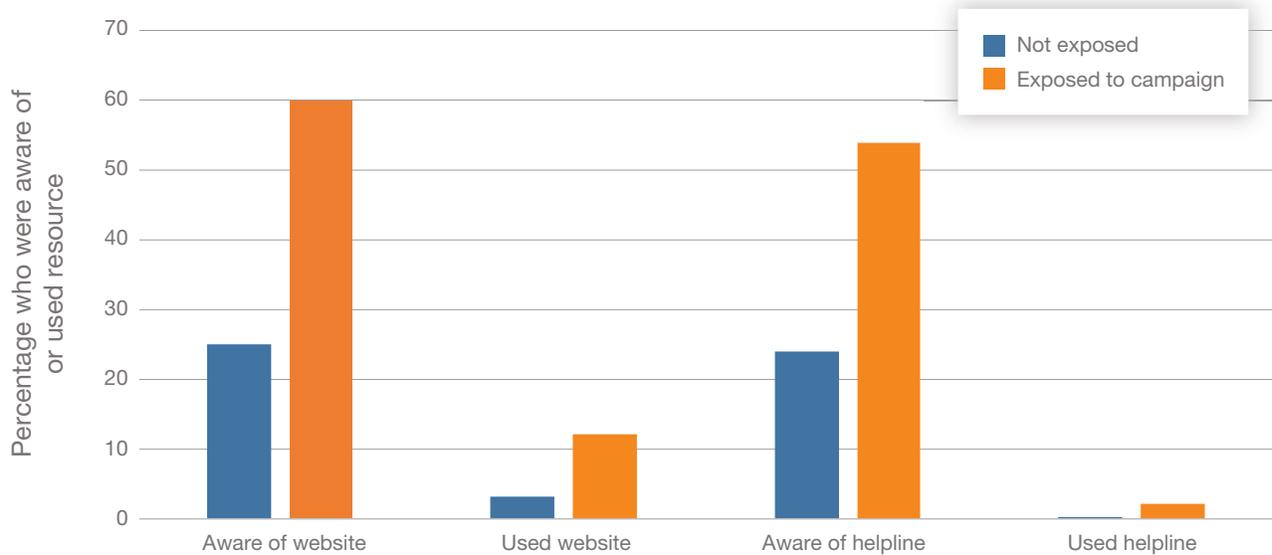
nection to a slate of mental health information and services) and driving individuals to them. Alternatively, those with mental health needs may have been more likely to have been reached by the campaign.

### Stigma and Mobilization Against Barriers to Mental Health

Two of the 12 items assessing stigma were differentially endorsed by those exposed to WhyWeRise. The pattern of responses to these two items was the opposite of that anticipated. **Individuals exposed to the campaign were almost twice as likely to believe that people who have had a mental illness are never going to be able to contribute much to society (14 percent versus 8 percent agreed) and about 50 percent more likely to believe that a person with a mental illness is a danger to society (33 percent versus 22 percent; not tabled).** Overall agreement with both items was low. Nonetheless, this pattern is troubling and could indicate that the campaign may

FIGURE 3

Exposure to the Campaign Was Strongly and Positively Associated with Awareness and Use of the LACDMH Website and Help Line



NOTE: All differences between those exposed and not exposed were statistically significant,  $p < .05$ .

have inadvertently focused more attention on some of the difficult challenges that can be associated with mental health issues than on the ability of many to recover and lead normal or even extraordinary lives. Seeing mental health challenges as a permanent condition is a common negative stereotype, as is the perception of dangerousness (Evans-Lacko, Henderson, and Thornicroft, 2013), and mental health campaigns (including those focused on reducing stigma) have occasionally been found to inadvertently reinforce such negative beliefs, so these may be important campaign effects. However, it should be kept in mind that the difference may have emerged by chance, given the large number of items tested and the lack of differences observed for other stigma-related measures. **No differences were identified for the other four items assessing negative beliefs about those with mental health challenges, for the three social distance items, or for the three items assessing intent to conceal a hypothetical future mental health challenge.**

Agreement with five of the eight items assessing mobilization against barriers to mental health differed among those exposed and those unexposed

to the campaign. **Those exposed to WhyWeRise were more likely to agree that they plan to help break down barriers that keep people with mental health challenges from getting treatment (62 percent versus 43 percent), that they have the power to change how communities deal with mental health issues (43 percent versus 32 percent), and that “none of us are well unless all of us are well” (the slogan for WeRise 2021) (64 percent versus 50 percent). They were also more likely to report that they plan to take action to prevent discrimination against those experiencing mental illness (50 percent versus 36 percent) and that they can recognize the signs that someone may be experiencing a mental health problem (58 percent versus 45 percent).** However, there were no differences in agreement with the other three items related to mobilization depending on WhyWeRise exposure (“access to mental health care is a right,” “everyone deserves to be well,” “we need to act now to address healing and well-being”).

## Well-Being

**We did not observe any association between exposure to WhyWeRise and the three well-being indicators of loneliness, hopefulness, and social support** (see Table 4). About 35 percent of residents whom we surveyed were lonely, 71 percent were hopeful, and 84 percent were getting the social and emotional support they needed, regardless of campaign exposure, suggesting that the messages did not bolster perceptions of support and hope substantially over the long term—even though residents indicated that ads and events made them feel connected, supported, and hopeful. We obtained the same finding for the fall 2020 evaluation. We noted then that it may be too much to expect that the social marketing of WhyWeRise might affect well-being in the context of such factors as unemployment, school closings, and widespread illness from the pandemic.

## WhyWeRise Summary and Conclusions

The 2021 WhyWeRise campaign reached 37 percent of Los Angeles County adults—nearly 3 million people. This is consistent with the reach of other mental health campaigns that are considered to have been effective (Collins et al., 2015). Although this percentage is somewhat lower than what we observed for the campaign in fall 2020, the difference may be due to differences in the measurement of exposure across the two evaluations. The survey described in this report did not include images from outdoor advertising (as did the prior survey). This may have resulted in an underestimate of both total exposure

TABLE 4

There Were No Associations Between Campaign Exposure and Well-Being Indicators

Indicator	Los Angeles County Adults (percentage agreeing)	
	Unexposed	Exposed
Lonely	36	33
Hopeful about the future	71	70
Get the social and emotional support I need	86	82

and exposure to images. WhyWeRise was effective in reaching all major racial/ethnic groups in the county, particularly Spanish-preferring Hispanic residents, and in reaching those with lower incomes and education levels. Reach to these groups provides the potential to close gaps in mental health resource use and deliver services to some of those most in need. The campaign also increased reach to young adults ages 18 to 25. This is a promising sign for a campaign rooted in mental health prevention and early intervention, as mental health problems typically emerge at these younger ages.

County residents were most often exposed to the campaign via broadcast media (television and radio ads). This is to be expected, as these forms of media reach large numbers of individuals. Only very small percentages of residents were reached by other aspects of the campaign—although, given the number of persons residing in the county, the 3-percent reach of the WeRise events, for example, translates into nearly 250,000 adults. Somewhat surprisingly, the television and radio ads were rated

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The campaign was effective in driving exposed residents to the LACDMH website and Help Line, as intended. Those exposed to the campaign were four times as likely to use the website.

nearly as highly as these events. Areas in which the events might have been expected to be rated better are connection to community and feelings of support, since the events were more likely to involve active participation, to include longer or more-intensive exposure to messages, and to be collective experiences, yet this was not the case. However, ratings of different forms of outreach may not be accurate indicators of their effectiveness in changing the beliefs and behavior of their audience. Thus, caution should be used in interpreting these data. The majority of individuals reached by the campaign found it beneficial. They agreed that it made them feel their mental health was important and provided new information on how to get mental health help.

The 2021 campaign appears to have been highly successful in increasing awareness of the mental health information and resources offered by LACDMH. Among county residents exposed to the campaign, 80 percent said they were aware of these resources, 60 percent said they were specifically aware of the LACDMH website, and more than 50 percent said they were aware of the LACDMH Help Line—each of which was specifically targeted by the campaign. The campaign was also effective in driving exposed residents to the LACDMH website and Help Line, as intended. Those exposed to the campaign were four times as likely to use the website. Twelve percent of those exposed reported using the website, an increase from the 8 percent who reported doing so in fall 2020. These increasing rates, particularly because those reached by the campaign are lower-income, less educated residents who may have less access to mental health care, may be helpful in closing the gap between the percentage of county

residents experiencing psychological distress and the percentage accessing treatment (Collins et al., 2021).

The campaign may also have been successful in mobilizing residents. Agreement with most items reflecting the need to take action and support equal access to mental health care was higher among those exposed to the campaign than among those unexposed. However, the campaign does not appear to have elevated the well-being of county residents. As we noted in our prior report (Collins et al., 2022), increases in hope and social support and reductions in loneliness may require more time, and perhaps intervention that goes beyond messaging. The WeRise events are intended to provide opportunities to connect with other community members, rich information, and healing experiences that go beyond what exposure to social marketing campaign materials can offer. We did not find much support for such effects in this evaluation, but we must note that WeRise took place under social distancing conditions. Many of the events were online only, and in-person gatherings were constructed to minimize social contact. This aspect of the campaign may be more successful when pandemic conditions and associated restrictions on social contact have abated.

Finally, the campaign seems to have had little influence on residents' attitudes and beliefs about mental health challenges and those who experience them. There was little or no association between exposure to campaign materials and mental illness stigma, and two items actually showed the reverse pattern of that expected—higher stigma among those exposed. Stigma reduction was not a key goal of WhyWeRise in the past three years, although it has always played some role in WhyWeRise as a major

barrier to mental health service use (Wong et al., 2018). It may be helpful to address this issue more directly in future years to improve the likelihood that the information and resources obtained from LACDMH are acted upon by those hesitant to disclose mental health challenges (Collins et al., 2015).

Limitations in our evaluation design mean that we cannot confirm causal effects of the WhyWeRise campaign. The knowledge of county resources among respondents who were exposed to the campaign is more consistent with campaign goals than the knowledge of respondents who were unexposed, but this might be because individuals who are interested in or experiencing mental health issues are more likely to take note of and remember campaign

materials. Our measure of exposure requires this attention and recall, not just exposure per se. Nonetheless, the pattern observed is consistent with what we would expect if the messages were effective, and residents also reported perceptions of the messages that are consistent with this interpretation. What evidence we have from this survey of Los Angeles County residents suggests that the 2021 WhyWeRise campaign effectively reached substantial percentages of county residents, particularly Spanish-preferring Hispanic residents and those who are educationally and economically disadvantaged, and seems to have made those who were reached more aware of key mental health resources.

## References

- Asian Pacific American Legal Center of Southern California, *L.A. Speaks: Language Diversity and English Proficiency by Los Angeles County Service Planning Area*, Los Angeles, Calif., 2009.
- Collins, Rebecca L., Nicole K. Eberhart, Ingrid Estrada-Darley, and Elizabeth Roth, *Evaluation of Los Angeles County's Fall 2020 WhyWeRise Mental Health Campaign and WeRise 2021*, Santa Monica, Calif.: RAND Corporation, RR-A875-2, 2022.
- Collins, Rebecca L., Nicole K. Eberhart, Elizabeth Roth, and Ingrid Estrada-Darley, *Evaluation of Los Angeles County Department of Mental Health's 2020–21 L.A. Dodgers Mental Health Campaign*, Santa Monica, Calif.: RAND Corporation, RR-A875-4, forthcoming.
- Collins, Rebecca L., Nicole K. Eberhart, William Marcellino, Lauren Davis, and Elizabeth Roth, *Evaluation of Los Angeles County's Mental Health Community Engagement Campaign*, Santa Monica, Calif.: RAND Corporation, RR-2754-CMHSA, 2018. As of December 3, 2021: [https://www.rand.org/pubs/research\\_reports/RR2754.html](https://www.rand.org/pubs/research_reports/RR2754.html)
- Collins, Rebecca L., Nicole K. Eberhart, Rachana Seelam, Rebecca De Guttery, and Matthew L. Mizel, *2019 Evaluation of Los Angeles County's WhyWeRise Mental Health Campaign*, Santa Monica, Calif.: RAND Corporation, RR-4441-CMHSA, 2020. As of December 3, 2021: [https://www.rand.org/pubs/research\\_reports/RR4441.html](https://www.rand.org/pubs/research_reports/RR4441.html)
- Collins, Rebecca L., Nicole K. Eberhart, Amy L. Shearer, Elicia M. John, and Elizabeth Roth, *Evaluation of Los Angeles County's COVID-19 Mental Health Campaign*, Santa Monica, Calif.: RAND Corporation, RR-A875-1, 2021. As of December 3, 2021: [https://www.rand.org/pubs/research\\_reports/RRA875-1.html](https://www.rand.org/pubs/research_reports/RRA875-1.html)
- Collins, Rebecca L., Shelley E. Taylor, Joanne V. Wood, and Suzanne C. Thompson, "The Vividness Effect: Elusive or Illusory?" *Journal of Experimental Social Psychology*, Vol. 24, No. 1, January 1988, pp. 1–18.
- Collins, Rebecca L., Eunice C. Wong, Joshua Breslau, M. Audrey Burnam, Matthew Cefalu, and Elizabeth Roth, "Social Marketing of Mental Health Treatment: California's Mental Illness Stigma Reduction Campaign," *American Journal of Public Health*, Vol. 109, No. S3, 2019, pp. S228–S235.
- Collins, Rebecca L., Eunice C. Wong, Elizabeth Roth, Jennifer L. Cerully, and Joyce S. Marks, *Changes in Mental Illness Stigma in California During the Statewide Stigma and Discrimination Reduction Initiative*, Santa Monica, Calif.: RAND Corporation, RR-1139-CMHSA, 2015. As of December 3, 2021: [https://www.rand.org/pubs/research\\_reports/RR1139.html](https://www.rand.org/pubs/research_reports/RR1139.html)
- Eberhart, Nicole K., M. Audrey Burnam, Rachana Seelam, Olena Bogdan, and Joshua Breslau, *Monitoring Californians' Mental Health: Population Surveillance Reveals Gender, Racial/Ethnic, Age, and Regional Disparities*, Santa Monica, Calif.: RAND Corporation, RR-2060-CMHSA, 2018. As of December 3, 2021: [https://www.rand.org/pubs/research\\_reports/RR2060.html](https://www.rand.org/pubs/research_reports/RR2060.html)
- Evans-Lacko, Sara, Claire Henderson, and Graham Thornicroft, "Public Knowledge, Attitudes and Behaviour Regarding People with Mental Illness in England 2009–2012," *British Journal of Psychiatry*, Vol. 202, No. S55, April 2013, pp. S51–S57.
- Gaebel, Wolfgang, Wulf Rössler, and Norman Sartorius, eds., *The Stigma of Mental Illness—End of the Story?* New York: Springer, 2017.
- Hornik, Robert C., ed., *Public Health Communication: Evidence for Behavior Change*, Philadelphia, Pa.: Routledge, 2002.
- Hughes, Mary Elizabeth, Linda J. Waite, Louise C. Hawkey, and John T. Cacioppo, "A Short Scale for Measuring Loneliness in Large Surveys: Results from Two Population-Based Studies," *Research on Aging*, Vol. 26, No. 6, November 2004, pp. 655–672.
- Jorm, Anthony F., Helen Christensen, and Kathleen M. Griffiths, "Changes in Depression Awareness and Attitudes in Australia: The Impact of *Beyondblue: The National Depression Initiative*," *Australian and New Zealand Journal of Psychiatry*, Vol. 40, No. 1, January 2006, pp. 42–46.
- Kessler, Ronald C., Peggy R. Barker, Lisa J. Colpe, Joan F. Epstein, Joseph C. Gfroerer, Eva Hiripi, Mary J. Howes, Sharon-Lise T. Normand, Ronald W. Manderscheid, Ellen E. Walters, and Alan M. Zaslavsky, "Screening for Serious Mental Illness in the General Population," *Archives of General Psychiatry*, Vol. 60, No. 2, February 2003, pp. 184–189.
- Nisbett, Richard E., and Timothy DeCamp Wilson, "Telling More Than We Can Know: Verbal Reports on Mental Processes," *Psychological Review*, Vol. 84, No. 3, May 1977, pp. 231–259.
- SAS/STAT software, Version 9.4 (TS1M6) of the SAS System for Linux, SAS Institute Inc., 2016.
- See Change, *Irish Attitudes Towards Mental Health Problems*, 2012.
- Walker, Elizabeth Reisinger, Janet R. Cummings, Jason M. Hockenberry, and Benjamin G. Druss, "Insurance Status, Use of Mental Health Services, and Unmet Need for Mental Health Care in the United States," *Psychiatric Services*, Vol. 66, No. 6, June 2015, pp. 578–584.
- Wong, Eunice C., Rebecca L. Collins, Joshua Breslau, Audrey M. Burnam, Matthew Cefalu, and Elizabeth A. Roth, "Differential Association of Stigma with Perceived Need and Mental Health Service Use," *Journal of Nervous and Mental Disease*, Vol. 206, No. 6, June 2018, pp. 461–468.
- Wyllie, Allan, and James Lauder, *Impacts of National Media Campaign to Counter Stigma and Discrimination Associated with Mental Illness: Survey 12: Response to Fifth Phase of Campaign*, Auckland, New Zealand: Phoenix Research, June 2012.



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## About This Report

Mental health problems are common and debilitating, but many people do not receive the treatment they need. In 2018, the Los Angeles County Department of Mental Health (LACDMH) launched WhyWeRise, a social marketing campaign focused on prevention of and early intervention for mental health challenges. The 2021 campaign focused on raising awareness of LACDMH resources and communicating messages of resilience, support, and hope. To gain insight into the 2021 campaign's reach and impact, RAND researchers surveyed county residents. In this report, the researchers describe the methods and findings of the survey and provide general conclusions about the campaign's impact.

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## CalMHSA

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. Prevention and early intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

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